

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND  
 CAMPAIGN DISCLOSURE BOARD  
 2010 JUL 19 AM 7:50

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Robert V. Smith

Political Party (if applicable)

Republican

Office Sought County Supervisor

District (if Senate or House)

|                                       |                      |
|---------------------------------------|----------------------|
| FORM<br><b>DR-2</b><br>(Rev. 12/2009) | DISCLOSURE<br>REPORT |
| For Office Use Only                   |                      |
| Comm. # <u>185911</u>                 |                      |
| Logged In <u>S</u>                    |                      |
| Scanned <u>S</u>                      |                      |
| Computer                              |                      |
| Audited                               |                      |

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Cheryl Smith  
 SIGNATURE OF PERSON FILING REPORT

712-647-3029  
 TELEPHONE

7-17-2010  
 DATE SIGNED

I AM FILING A July 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
Nov. 2 2010  
 County & Local Committees, enter County in  
 which Election is held  
Harrison

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ..... \$

50.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

250.00

Schedule F: Loans Received total (Attach Schedule F) .....

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) .....

134.25

Schedule F: Loan Repayments total (Attach Schedule F) .....

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) ..... \$

165.75

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$

0

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$

2682.91

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

2086.50

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|  |                          |
|--|--------------------------|
| <b>SCHEDULE</b><br><b>A</b><br>(Rev. 07/03)              | <b>MONETARY RECEIPTS</b> |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM |                          |

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Smith for Supervisor

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR                        | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|--|--|--------------------|-------------------------------------|
| 5/20/10                     | ID#<br>CK#  | Craig Kelley<br>41985 Vienna Ave<br>Woodbine, IA 51579 | Friend   | \$ 100-            | <input type="checkbox"/>            |
| 5/26/10                     | ID#<br>CK#  | Robert Eby<br>107 Fischer Dr.<br>Woodbine, IA 51579    | Friend   | 50.00              | <input type="checkbox"/>            |
| 6/15/10                     | ID#<br>CK#  | Cheryl Smith<br>109 Ely<br>Woodbine IA 51579           | Wife   | 100-               | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>            |

SUB-TOTAL

\$ 250-

TOTAL (if last page of this schedule)

\$ 250-

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|  |  |
|--|--|
| <b>SCHEDULE</b><br><b>B</b><br>(Rev. 07/03)              | <b>MONETARY</b><br><b>EXPENDITURES</b> |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM |  |

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT<br>EXPENDED   |
|---------------------------------------|---|--|-----------------------------------|----------------------|
| 6/11/10                               | ID#<br>CK#  | Missouri Valley Times<br>Sol E. Eric<br>Mo. Valley IA 56555        | Thank-you ad                      | \$ 134 <sup>25</sup> |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
|                                       | ID#<br>CK#  |  |                                   |                      |
| SUB-TOTAL                             |   |  |                                   | \$                   |
| TOTAL (if last page of this schedule) |   |  |                                   | \$ 134 <sup>25</sup> |

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SMITH FOR SUPERVISOR

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

|  |                          |
|--|--------------------------|
| SCHEDULE<br><b>D</b><br>(Rev. 08/98)                           | INCURRED<br>INDEBTEDNESS |
| <input type="checkbox"/> CHECK THIS BOX<br>IF AMENDING<br>FORM |                          |

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

| DATE<br>INCURRED<br>(MM/DD/YR)                                    | NAME AND ADDRESS OF PERSON<br>TO WHOM DEBT OR OBLIGATION IS OWED | DESCRIPTION OF GOODS OR<br>SERVICES PROVIDED OR<br>PURCHASED | BALANCE OWED AT<br>CLOSE OF<br>REPORTING<br>PERIOD* |
|---|--|--|---|
|   |  |  | \$  |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| SUB-TOTAL   |  |  | \$  |
| TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD |  |  | \$ 0  |

\*If actual figure is unknown, show "estimated" beside the figure.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

Reset Form

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>E</b><br>(Rev. 06/97)                        | IN-KIND<br>CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

| DATE<br>RECEIVED<br>(MM/DD/YR)              | NAME AND ADDRESS<br>OF CONTRIBUTOR | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|---|------------------------------------|---|---|-----------------------------------|---|
| 5/16/10                                     | Renee Anderson                     | Friend  | put up signs                              | \$ 25 <sup>00</sup>               | <input type="checkbox"/>                |
| 5/24/10                                     | Robert Smith                       | same  | cash (ad)                                 | 283 <sup>50</sup>                 | <input type="checkbox"/>                |
| 6/11/10                                     | Robert Smith                       | same  | cash (ad)                                 | 127 <sup>50</sup>                 | <input type="checkbox"/>                |
| 6/14/10                                     | Robert Smith                       | same  | cash (ad)                                 | 78 <sup>75</sup>                  | <input type="checkbox"/>                |
| 6/16/10                                     | Robert Smith                       | same  | cash (cash)                               | 36 <sup>13</sup>                  | <input type="checkbox"/>                |
| 7/2/10                                      | Robert Smith                       | same  | cash (cash)                               | 45 <sup>53</sup>                  | <input type="checkbox"/>                |
| 6/23/10                                     | Robert Smith                       | same  | cash<br>4x8<br>signs                      | 2086 <sup>50</sup>                | <input type="checkbox"/>                |
|   |                                    |   |   |                                   | <input type="checkbox"/>                |
|   |                                    |   |   |                                   | <input type="checkbox"/>                |
|   |                                    |   |   |                                   | <input type="checkbox"/>                |
| SUB-TOTAL                                   |                                    |   |   | \$ 2682 <sup>91</sup>             |   |
| TOTAL (if last<br>page of this<br>schedule) |                                    |   |   | \$ 2682 <sup>91</sup>             |   |

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

SMITH FOR Supervisor

SCHEDULE

**H**

(Rev. 02/08)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

| Date Purchased<br>(Schedule B)<br>or Date Received<br>(Schedule E)<br>(MM/DD/YR) | Description of Property | Purchase Price or Est. Value<br>When Acquired* | Current Value at Fair Market<br>This Report |
|--|-------------------------|--|---|
| 6/23/10  | 4x8 signs               | 2086 <u>50</u>                                 | Same  |
|  |                         |  |   |
|  |                         |  |   |
|  |                         |  |   |
|  |                         |  |   |

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 2086 50

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

| Date<br>(MM/DD/YR) | Name and Address of Purchaser/Donor | Description of Property | Sold?<br>Y/N | Sale Price | Value of<br>Donation |
|--------------------|-------------------------------------|-------------------------|--------------|------------|----------------------|
|                    |                                     |                         |              |            |                      |
|                    |                                     |                         |              |            |                      |
|                    |                                     |                         |              |            |                      |
|                    |                                     |                         |              |            |                      |
|                    |                                     |                         |              |            |                      |

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES &amp; TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
(For Schedule H)